



# High Risk Breast Cancer Clinic Women's Proxy Questionnaire

This questionnaire asks for general medical and health information. Your participation is very important. The information you give, when combined with that of others, will help researchers at the Huntsman Cancer Institute get a better picture of high risk families. You are free to skip any question. If you do not know the answer to a question, please mark "Don't know."

Information you provide in this questionnaire will be treated confidentially and will not be released without your written permission to anyone but the clinical staff and researchers associated with the Huntsman Cancer Institute. Confidential information like your name and address will be stored in secured files accessible only to study staff. Your name and the name of your family member will not be used in any reports.

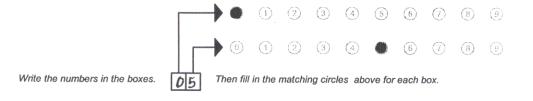
You can return this questionnaire in the pre-addressed, postage-paid envelope provided. Most people find it takes about 30 minutes to complete. If you have any questions about the questionnaire, please contact the clinic staff at (801) 585-3525 or toll free at 1-(800) 936-6343.

#### **DIRECTIONS**

- Use a pencil.
- Darken the circle completely next to the answer you choose.
- Erase cleanly any marks on this form.
- Do not make any stray marks on this form.
- For questions where you write in a number, write the number in the box provided. Then mark the corresponding circle to the right.

#### **EXAMPLE**

Including yourself, what is the total number of persons CURRENTLY living in your household?



(Please complete any highlighted information)

Name:		
Date of Birth:	Date of Death:	Place of Death:(City, State)

#### **Background Information** 1. What is your relationship to her? I am her: Spouse Daughter Sister Mother Other Please specify 2. What was the HIGHEST level of education she completed? (Mark only one.) Some college or university Less than 8 years Bachelor's degree 8 to 11 years (without graduation) High school graduation Graduate degree Vocational or technical school Don't know 3. At the time of her death, was she: (Mark only one.)

	Never married		
	On't know		
4	What was her ethnic or racial background?	(Mark all that annie)	
τ.		(магк ан тат арргу.)	
	○ White	Native American	
	Black or African American	Other Please specify	
	Asian	Dont' know	
	- Pacific Islander		

4.1 Was she Latino or Hispanic (ancestry is Mexican, Cuban, Puerto Rican, Central American, or South American)?
No Yes Don't know

The next questions ask about the general background of her parents and grandparents. For these questions, please think about full-blooded relatives only.

5. In which COUNTRY were she, her parents and her grandparents born?

	USA	Another Country Please specify	Don't know
Her			
Her mother			
Her father			X
Her mother's mother			7
Her mother's father			
Her father's mother			
Her father's father			

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Married or living as married

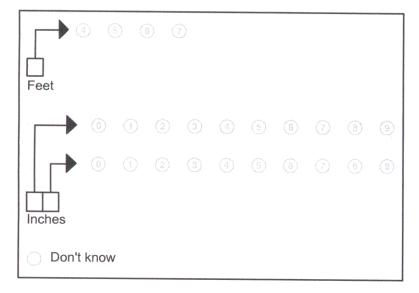
Widowed
Divorced
Separated

6. Please mark the RELIGION into which she was born:

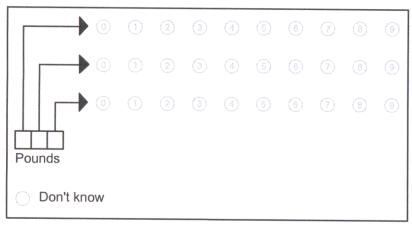
<ul><li>LDS or Mormon</li></ul>		Eastern Orthodox
Catholic		Muslim
Protestant		Buddhist
<ul> <li>Sephardic Jewish</li> </ul>		Hindu
Ashkenazi Jewish	0	None
Other or uncertain Jewish		Don't know
Seventh Day Adventist	Ō	Other Please specify

#### **Height and Weight**

#### 7. What was her typical adult height?



## 8. What was her typical adult weight?



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### Her Health History

Many of the following questions ask for detailed medical and reproductive history information. Some questions ask you to give ages when certain things happened. If you are not sure about the exact age, please give your best guess.

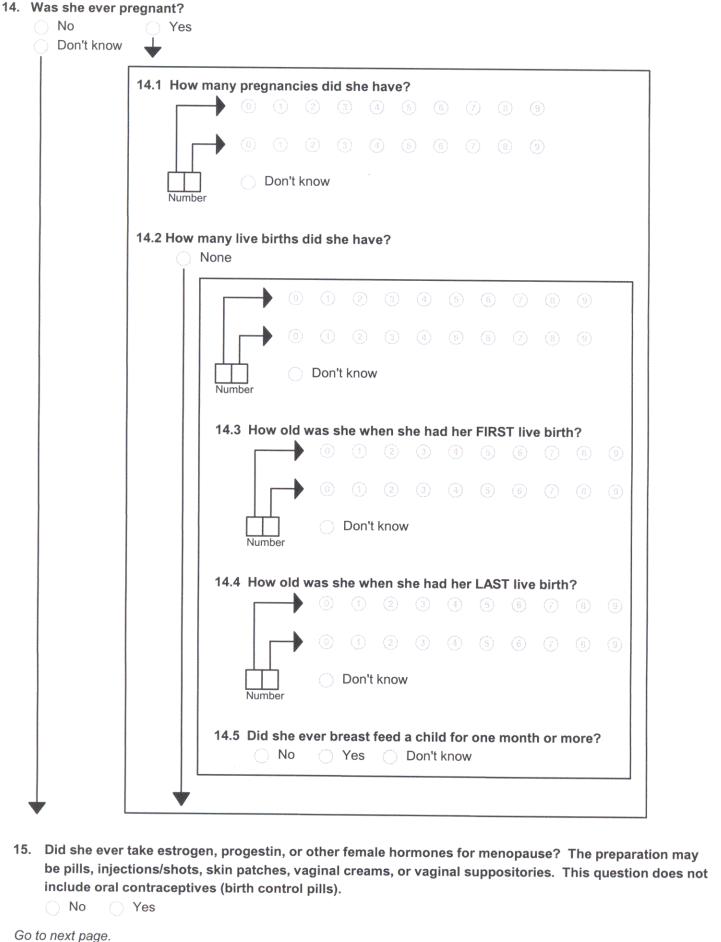
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9.2	How old w	as sh	e whe	∍n thi	s was	s FIR	ST di	agno	sed?			
		0	1				(5)	(6)				
		0								(8)		
	Age		Don't	know	what	t age						
9.3 \	What was	the SE	ECON	D typ	e of	cance	er?					O Don't les avects et terre
	4			MARKATA AMARKA AMAR	Ne Code Annual and Annual					·		Don't know what type
9.4	w blo wor	attent.										
		• (0)	(1)	(2)				0	7	(8)	9	
		0	①	(2)							(9)	
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10. Did she ever have a breast com	pletely removed?
Oon't know	
Yes, one breast (or first breast)	10.1 How old was she when this was done?
	10.2 Why was this breast removed?  to treat cancer  to prevent the development of cancer  other Please specify  Don't know
Yes, both breasts (or second breast)	10.3 How old was she when this was done?
	10.4 Why was this breast removed?  to treat cancer  to prevent the development of cancer  other Please specify  Don't know

Go to next page.

Yes, one ovary ——	A44 Howeldware should be 01
(or first ovary)	11.1 How old was she when this was done?  1 2 3 4 5 6 7 8
	Don't know what age
	11.2 Why was this ovary removed?  to treat cancer  to prevent the development of cancer other Please specify  Don't know
Yes, both ovaries — (or second ovary)	11.3 How old was she when this was done?  ① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
	① ① ② ③ ④ ⑤ ② ⑧ ② ② Age
	11.4 Why was this ovary removed?
	to treat cancer
	to prevent the development of cancer other Please specify
	Oon't know



	If yes, please read	I the following statement	and answer the q	uestion.	****		
	twins, on the other	s are no more alike than hand, look so much alik loring, features of the facheir childhood.	ce (that is, they ha	ve a strong re	semblance	to ea	ach
	16.1 <b>Do you t</b>	think she and her twin	are genetically ic	dentical?			
d she e	ver consume any a	lcoholic beverages, su	ıch as beer, wine	, or liquor at	least once	per	week for
HTNON	S OR LONGER?		•	• • • • • • • • • • • • • • • • • • • •			
No	O Yes						
d she e	ver smoke AT I FAS	ST ONE CIGARETTE A	DAY FOR TURE	E MONTUS C	DI ONOT	מפו	
) No	Yes	TONE GIOARETTE A	DAT FOR THRE	E MONTHS C	JK LONGE	K?	
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16. Was she a twin?